MDR Tracking Number: M5-05-0037-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on August 30, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the medical necessity issues. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor $460.00** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The chiropractic manual treatment, therapeutic exercises, manual therapy, and office visits **were found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of the chiropractic manual treatment, therapeutic exercises, manual therapy, and office visits rendered from 10/1/03 through 10/31/03.

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 10/1/03 through 10/31/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8th day of November 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

Enclosure: IRO decision

November 3, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-0037-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
------ Case #:

------ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ------ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ------ for independent review in accordance with this Rule.

------ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ------ external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ------ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ------ for independent review. In addition, the ------ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 29 year-old female who sustained a work related injury ------. The patient reported that while at work she sustained a repetitive motion injury to her left upper extremity. On 8/29/02 the patient was evaluated and found to have carpal tunnel syndrome on the left, moderate in severity, tendonitis of the right wrist, bilateral lateral epicondylitis, tendonitis of the left shoulder, strain of the cervical musculature, myofasciitis in the posterior cervical and upper thoracic spine, and cubital tunnel syndrome on the left elbow and mild on the right elbow. The diagnoses for this patient have included left shoulder rotator cuff tendinosis with a partial thickness rotator cuff tear, impingement syndrome, acromioclavicular joint hypertrophy creating impingement, bilateral elbow lateral epicondylitis with insertional triceps tendonitis, left elbow, and carpal tunnel syndrome. The patient was initially treated with conservative care and injections and subsequently underwent a left shoulder arthroscopy performed on 7/18/03 followed by postoperative rehabilitation.

Requested Services

Chiropractic manual treatment, therapeutic exercises, manual therapy, and office visit from 10/1/03 through 10/31/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Consults and office visits 8/29/02 – 5/28/04
2. Treatment Logs 10/2/02 – 3/1/04
3. PPE 11/11/03 – 1/28/04
4. FCE 9/23/03
5. Treatment Notes 11/4/02 – 5/18/04
6. Treatment Notes 9/5/02 – 10/9/03

Documents Submitted by Respondent:

1. No documents submitted

Decision

The Carrier's denial of authorization for the requested services is overturned.

Rationale/Basis for Decision

The ------ chiropractor reviewer noted that this case concerns a 29 year-old female who sustained a work related injury to her left upper extremity on ------. The ------ chiropractor reviewer indicated that the patient has had a multitude of repetitive movement injuries of the neck and shoulder, elbows and wrists. The ------ chiropractor reviewer noted that the patient had not shown progress with conservative treatment and subsequently underwent shoulder surgery on 7/18/02. The ------ chiropractor reviewer indicated that the surgery did provide the patient with some relief. The ------ chiropractor reviewer noted that the patient sustained an exacerbation in her shoulder pain while being treated with postoperative physical therapy. The ------ chiropractor reviewer explained that because the patient's progress was slowed due to the exacerbation of pain, additional therapy was recommended. The ------ chiropractor reviewer noted that the patient continued with therapy through 10/31/03 and was returned to partial duty on 11/18/03 and subsequently was returned to full duty. The ------ chiropractor reviewer indicated that the patient had experienced exacerbations in her condition but has chosen conservative care over surgical intervention. The ------ chiropractor reviewer explained that the treatment rendered postoperatively up through 10/31/03 helped decrease the patient's pain and allowed for a return to work. The ------ chiropractor reviewer also explained that this treatment was rendered in accordance with TWCC guidelines. Therefore, the ------ chiropractor consultant concluded that the Chiropractic manual treatment, therapeutic exercises, manual therapy, and office visit from 10/1/03 through 10/31/03 were medically necessary to treat this patient's condition.

Sincerely,

State Appeals Department